

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000023314

1. Entity Name
TROPIC CASINO CRUISES, INC.



**FILED
Mar 04, 2005 8:00 am
Secretary of State**

03-04-2005 90075 049 ***150.00

Principal Place of Business
C/O ATLANTIA HOLDINGS
645 E DANIA BEACH BLVD
DANIA BEACH, FL 33004 US

Mailing Address
C/O ATLANTIA HOLDINGS
645 E DANIA BEACH BLVD
DANIA BEACH, FL 33004 US

DO NOT WRITE IN THIS SPACE



01212005 No Chg-P CR2E034 (10/03)

| | |
|----------------------------------|---|
| 4. FEI Number 65-0651024 | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

BLACKBURN, ACE J JR
COONEY MATTSON LANCE BLACKBURN RICHARDS
2312 WILTON DR.
FORT LAUDERDALE, FL 33305

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE PD
NAME BLACKBURN, A JR
STREET ADDRESS 645 E DANIA BEACH BLVD
CITY-ST-ZIP DANIA BEACH, FL 33004

TITLE VSD
NAME ECONOMOU, C
STREET ADDRESS 645 E DANIA BEACH BLVD
CITY-ST-ZIP DANIA BEACH, FL 33004

TITLE D
NAME WAGNER, J
STREET ADDRESS 645 E DANIA BEACH BLVD
CITY-ST-ZIP DANIA BEACH, FL 33004

TITLE D
NAME MORFIDIS, G
STREET ADDRESS 245 E DANIA BEACH BLVD
CITY-ST-ZIP DANIA BEACH, FL 33004

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

 *rr, D*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-05

Date

Daytime Phone #